

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	14147US02
First Inventor	Uri Elzur
Title	Self-Describing Transport Protocol Segments
Express Mail Label No.	EV 435 261 356 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:**Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 20]  
(preferred arrangement set forth below)  
-Descriptive title of the invention  
-Cross Reference to Related Applications  
-Statement Regarding Fed sponsored R&D  
-Reference to sequence listing, a table, or a computer program listing appendix  
-Background of the Invention  
-Brief Description of the Drawings (if filed)  
-Detailed Description  
-Claim(s)  
-Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 10]
5. Oath or Declaration [Total Sheets 3]  
a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ Paper  
c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☐ Assignment Papers (cover sheet & documents(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: .....

Prior application information:

Examiner: \_\_\_\_\_

Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

☒ Customer Number: 23446 OR ☐ Correspondence address below

Name					
Address					
City	State	Zip Code			
Country	Telephone	312-775-8000	Fax	312-775-8100	
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636		
Signature	<i>Michael T. Cruz</i>		Date	March 18, 2004	

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persona are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL for FY 2004</b>  Patent Fees are subject to annual revision.		<b>Complete if Known</b>		
		Application Number	To Be Assigned	
		Filing Date	Herewith	
		First Named Inventor	Uri Elzur	
		Examiner Name	To Be Assigned	
TOTAL AMOUNT OF PAYMENT (\$)		1162.00	Attorney Docket No.	14147US02

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																													
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																															
<b>FEE CALCULATION</b>																															
1. BASIC FILING FEE																															
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing Fee</td><td>770.00</td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing Fee</td><td></td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>770.00</td></tr></tbody></table>		Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid	1001 770	2001 385	Utility filing Fee	770.00	1002 340	2002 170	Design filing Fee		1003 530	2003 265	Plant filing fee		1004 770	2004 385	Reissue filing fee		1005 160	2005 80	Provisional filing fee		SUBTOTAL (1)			770.00		
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid																												
1001 770	2001 385	Utility filing Fee	770.00																												
1002 340	2002 170	Design filing Fee																													
1003 530	2003 265	Plant filing fee																													
1004 770	2004 385	Reissue filing fee																													
1005 160	2005 80	Provisional filing fee																													
SUBTOTAL (1)			770.00																												
2. EXTRA CLAIM FEES																															
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>37 - 20** =</td><td>17 x</td><td>18.00 =</td><td>306.00</td></tr><tr><td>Independent Claims</td><td>4 - 3** =</td><td>1 x</td><td>86.00 =</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	37 - 20** =	17 x	18.00 =	306.00	Independent Claims	4 - 3** =	1 x	86.00 =	Multiple Dependent																	
Total Claims	Extra Claims	Fee from below	Fee Paid																												
37 - 20** =	17 x	18.00 =	306.00																												
Independent Claims	4 - 3** =	1 x	86.00 =																												
Multiple Dependent																															
Large Entity Small Entity																															
<table border="1"><thead><tr><th>Fee Code</th><th>Fee Code</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202 18</td><td>2202 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201 86</td><td>2201 43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203 290</td><td>2203 145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204 86</td><td>2204 43</td><td>**Reissue independent daims over original patent</td><td></td></tr><tr><td>1205 18</td><td>2205 9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="3">SUBTOTAL (2)</td><td>392.00</td></tr></tbody></table>		Fee Code	Fee Code	Fee Description	Fee Paid	1202 18	2202 9	Claims in excess of 20		1201 86	2201 43	Independent claims in excess of 3		1203 290	2203 145	Multiple dependent claim, if not paid		1204 86	2204 43	**Reissue independent daims over original patent		1205 18	2205 9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			392.00		
Fee Code	Fee Code	Fee Description	Fee Paid																												
1202 18	2202 9	Claims in excess of 20																													
1201 86	2201 43	Independent claims in excess of 3																													
1203 290	2203 145	Multiple dependent claim, if not paid																													
1204 86	2204 43	**Reissue independent daims over original patent																													
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent																													
SUBTOTAL (2)			392.00																												
**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid																													
		SUBTOTAL (3) (\$)																													

SUBMITTED BY		Complete (# applicable)			
Name (Print/Type)	Michael T. Cruz	Registration No. (Attorney or Agent)	44,636	Telephone	312-775-8084
Signature	Michael T. Cruz	Date	March 18, 2004		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.